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INTRA-UTERINE DISLOCATION OF KNEE-JOINT.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Your JOURNAL of July 26th, contains a case from Dr. WM. B. ATKINSON, in the *Medical and Surgical Reporter*, of Intra-Uterine Fracture of the Clavicle, which reminds me of a case that occurred in my practice, Aug. 16th, 1859, of Intra-Uterine Dislocation of the Knee-Joint. There may be cases of the kind on record, but if so, they have escaped my observation, and also the observation of several physicians and surgeons to whom I have related the case; but, without further preliminaries, I send you the case for publication.

The patient, a laboring woman, rather under the medium size, was delivered, after a natural labor, of a full-sized, healthy female child, whose left knee-joint was entirely dislocated, so that the toes rested upon the anterior part of the thigh near the groin. As soon as I could leave the mother, I took hold of the limb and brought it to its natural position, but to my surprise, as soon as I relinquished my hold, it flew back, as with a spring, to its former position; it was immediately brought again to its proper place, and held by the hands of the nurse, while I manufactured an apparatus for the occasion. Two pieces of whale-bone, one on each side of the limb, were fastened together with three pieces of tape, one passing under the popliteal space, the other two in front, above and below the knee. This served a good purpose for keeping the leg in position, and also, occupying but small space, admitted of the cleansing and dressing the child without removal. Some swelling and soreness occurred, and several weeks elapsed before the splints could with safety be removed.

Now, if a doubt exists in the mind of any as to when this dislocation took place, my reasons for believing it to be intra-uterine are based upon the following facts:—

1st. Its disposition to revert back to its unnatural position when left to itself, showing contraction of the anterior muscles.

2d. The patella of this joint was materially smaller than in the one on the opposite limb.

3d. The anterior of the knee presented that peculiar wrinkled appearance presented in the popliteal space of fleshy infants.

I will add one circumstance; whether evidence or not, he who reads may judge. The mother, previous to delivery, was fearful that all was not right, for she was conscious of receiving an injury some two weeks previous, by overreaching while house-cleaning. The girl is now using her limb with as much freedom and dexterity as girls usually do.

J. Youmans, M.D.

Portageville, N. Y., Oct. 11th, 1860.

A STATISTICAL INQUIRY INTO THE CAUSES, SYMPTOMS, PATHOLOGY AND TREATMENT OF INVERSION OF THE WOMB.

Dr. C. A. Lee, the author of the above article, which is published in the October number of the *American Journal of the Medical Sciences,* states that the "paper is not designed as a monograph, but rather as a collection of materials for such an essay at some future time." It will be found in its present state, however, to contain much valuable information, of which only the briefest possible abstract is here given.

The conclusions in this elaborate article, are based upon a synopsis of one hundred and forty-eight cases.

The author speaks of the extreme rarity of the accident, and states that in lying-in hospitals it is nearly if not quite unknown. Neither the annals of the Dublin Lying-in Hospital, nor those of the London Maternity Charity, show a single instance, in a total of more than 140,000 labors.

The cause of the difficulty is mentioned in only sixty-two cases; and of these, thirty-three were attended by midwives, a large majority of them in Europe. In thirty-nine cases, however, it followed pulling upon the cord, and, in seventeen, was caused by attempts made to deliver the placenta. In twenty-five cases the delivery was very rapid. In ten the cord was very short, and, in several, twisted around the neck. The most frequent cause is, therefore, traction upon the cord, and attempts to extract the placenta. In seven cases, the inversion was mistaken for polypus. The uterus was replaced in fifty-two cases, but seven of which were fatal—two from peritoneal inflammation, the rest from hæmorrhage and exhaustion. "The latest period in which reduction of the womb was accomplished, was in a case reported by Prof. J. P. White, where fifteen years had elapsed since the occurrence of the inversion. The fatal result, in this instance, from peritonitis, was regarded by him and his associates as accidental. Although the operation would seem to be extremely hazardous, so long a period after the occurrence of the accident, yet the success of Tyler Smith, in a case of twelve years standing; of Dr. Coley, in one of seven years, and one of Charles West, of three months standing, will certainly justify the operation in cases perhaps still more chronic than this of Dr. White. It may, however, yet be found, that the extirpation of the womb by ligature is safer to the patient."

Three cases are mentioned as those of spontaneous reduction, but these require close examination. In thirty-one cases the placenta was separated before replacing the organ, and in ten reposition was effected without separation. A review of all the cases on record shows that the most favorable time for effecting a reduction is immediately after the occurrence of the accident; and if this opportunity be embraced, there will be rarely much difficulty, even with the placenta attached, and the attempt should first be made; for, if ineffectual, the placenta can then be removed.

Of thirty-two patients, from whom the uterus was removed by ligature, only four died. It is therefore evident that the danger of the operation has been much overrated. All of the circumstances in the case should, however, be taken into consideration before acting. When death has resulted from the application of a ligature, it has been in consequence of peritoneal inflammation.

Of fourteen cases of removal by incision, four died, "which is a rate of mortality nearly three times as great as occurred after the application of the ligature, and yet death seems in several of the cases to have been accidental rather than a necessary consequence of the operation."

BIOGRAPHICAL NOTICE OF HENRY BOND, M.D.

[We have received Part V. of the *Transactions of the Medical Society of Pennsylvania*, at its Twelfth Annual Session in June, 1860, which contains, among other interesting articles, a biographical notice of the late Dr. Henry Bond, of Philadelphia, by Dr. A. Nebinger. We give the following abstract of this memoir.—Eds.]

Dr. Henry Bond was born at Watertown, Mass., on the 21st of March, 1790. His ancestors on his father's side came from Bury St. Edmunds, in the county of Suffolk, England. They were among the early immigrants who sought to secure for themselves and their descendants, upon the shores of the new world, the enjoyment of that freedom—personal, political, and religious—which they were denied at home. As early as 1636 they were settled at Watertown, in the then colony of Massachusetts; and they continued to reside there for several generations.

William Bond, the grandfather of the doctor, was, in common with the greater part of the descendants of the first settlers of New

England, a determined whig in principles—prepared at any moment to risk everything, even life itself, rather than permit the slightest infringement of that liberty, in the pursuit of which his ancestors had left their homes and country, and willingly subjected themselves to the privations, toils and dangers of a life amid the wilderness, and in the immediate neighborhood of treacherous and ruthless savages. As might be expected, therefore, William Bond was among the very earliest of those who had the boldness openly to embrace the cause of the American colonies in their contest for independence with the mother country. In 1775 we find him serving, in the 25th regiment of Massachusetts troops, as lieutenant-colonel, under Col. Thomas Gardiner, who was mortally wounded at the battle of Bunker Hill. On the death of the latter, he succeeded to the command of the regiment, which was then on duty at Prospect Hill, near Boston. In the spring of 1776, Col. Bond was ordered to proceed, with his regiment, to the northern frontier, to assist in the military operations against the Canadas. Whilst stationed at Mount Independence, on Lake Champlain, Col. Bond was attacked with dysentery, to which he fell a victim on the 31st of August, 1776. He left behind him several sons, residing at Watertown. Of these sons, Henry Manuel, a farmer by occupation, was the father of Dr. Bond. His mother was the eldest daughter of Capt. Phineas Stearns, also of Watertown.

In June, 1790, when Dr. Bond was scarcely three months old, his father removed with his family to Livermore, in the then District of Maine. He died on the 27th of March, 1796, in the thirty-fifth year of his age, leaving a widow and two children, a son and daughter.

Young Bond, in the spring of 1806, was sent to school at an academy in Hebron, Maine, over which Albion K. Paris for some time presided. At this seminary he was prepared for admission as a pupil of Dartmouth College, into which he matriculated in the year 1809, he being then in the nineteenth year of his age. Four years subsequently (August, 1813) he obtained his Bachelor's degree. While in college, we are told, he exhibited a fondness for the exact sciences, and was esteemed an excellent mathematician. He devoted himself with success to various literary pursuits, and was especially interested in historical investigations.

Of the particular circumstances which prompted young Bond to make choice of the profession of medicine as the pursuit of his future years, I am uninformed; all that I know is that his medical pupilage was commenced, immediately after his graduation at college, under the direction of Professors Cyrus Perkins and Nathan Smith, of Hanover, N. H., and diligently prosecuted until March, 1815; at which period he was appointed a tutor in Dartmouth College. This position he held until August, 1816, when he resigned. His professional education was completed in the medical department of Dartmouth College; by the faculty of which he was admitted to the degree of Doctor in Medicine, in the month of December, 1816.

Dr. Bond entered upon the practice of his profession at Concord, N. H., on the first day of January, 1817, he being then twenty-seven years of age. During his residence in Concord, he delivered three summer courses of popular lectures on chemistry; pursuing at the same time, with great application, his general literary studies.

From some cause, the nature of which is unknown to me, Dr. Bond very soon became dissatisfied with his position as a medical practitioner in Concord, and, in consequence, finally left the place. In the autumn of 1819 we find him in the city of Philadelphia, in attendance upon the lectures of the medical department of the University of Pennsylvania; and in the spring of the ensuing year he settled himself down as a permanent resident of our city, where he continued actively engaged in the practice of medicine during the remainder of his life.

In the month of December, 1819, Dr. Bond was admitted an honorary member of the Philadelphia Medical Society. In the proceedings of this society he took a deep and active interest from the period he was admitted to membership until its meetings were formally suspended a few years since; serving it with untiring zeal and the utmost ability, in almost every capacity, from the humblest to the most exalted.

In the year 1819 we find his name enrolled among the honorary members of the Anatomical Society, instituted by Dr. A. Ramsey, in Surgeon's Square, Edinburgh.

Although somewhat reserved in his disposition and manners, especially towards strangers and in mixed companies, with but slight conversational powers, and ungifted with any of the arts adapted to secure the favor, by ministering to the weakness, the vanity, or the prejudices of those with whom he came in contact, Dr. Bond, nevertheless, by the dignity of his deportment, the true benevolence of his disposition, and the stern integrity exhibited in all his acts, was enabled in a short time to gather around him in Philadelphia a circle of warm friends, through whose exertions his success as a physician was zealously and successfully promoted; while his classical and scientific attainments won for him the esteem and admiration of his literary and professional cotemporaries. He thus succeeded, very soon after his settlement in our city, in securing a practice highly respectable from the number and standing of his patients, and sufficiently remunerative to meet, as he often assured me, his most sanguine expectations; a result the more honorable to him from the fact of his being an unmarried man, and without the support of any powerful family influence. Dr. Bond, we may remark, remained a bachelor through life.

Following in the footsteps of nearly every physician who has attained, in this community, a character for professional skill, our deceased colleague availed himself, in the commencement of his career, of the admirable field which the practice of our several dispensaries furnishes for the acquisition of clinical experience and tact. Thus, in the year 1821, we find him fulfilling the somewhat arduous duties of prescribing physician to both the Philadelphia and Southern Dispensaries, to which, in 1822, he added those also of out-door physician to the General Board of Guardians of the Poor. The latter post he held for two years, during which period its duties were performed by him in a manner altogether satisfactory to all the parties interested.

In 1820 he was elected a member of the Philadelphia Academy of Medicine, an association organized for the cultivation, by observation and experiment, of the several collateral branches of medical science.

In the year 1823 Dr. Bond became a member of the Kappa Lambda Society of Hippocrates, meeting in Philadelphia; and at the period when, its mission having been accomplished, it was dissolved, he was its Secretary.

In 1824 he delivered, by appointment, an address before the Society of the Sons of New England, which was published at the request of the Society. It is described as a very creditable production, its subject being a vindication of the people and the institutions of New England.

It was in the year 1825 that Dr. Bond was received as a Fellow of the College of Physicians. From an early period after his reception he became a frequent contributor to its scientific proceedings. Among his contributions, contained in the published *Transactions* of the College, will be found the histories of a number of important and suggestive cases of disease, and many valuable papers, in several of which, modifications in surgical and obstetric instruments and treatment are proposed, which have received the approval of the profession generally.

For a period of eleven years—from 1833 to 1843 inclusive—Dr. Bond served the College as its Secretary. The duties of the office were performed by him in a most faithful, able, and satisfactory manner, as the Fellows bear testimony in the formal resolution adopted by them unanimously on the occasion of his resignation of the post, Feb. 7, 1843.

In 1844 the College elected him one of its Censors, to which highly responsible and honorable station he was annually re-elected up to the period of his decease.

Dr. Bond was appointed, in 1833, by the Select and Common Councils of the City of Philadelphia, one of the members of the Board of Health; and in March, 1836, he was unanimously elected by the Board its President. His services in this body were most important. His suggestions, his decisions, and the measures carried out at his suggestion, in reference to the weighty questions—involving always the comfort and health, and often even the lives, of the entire community—which came constantly before the Board, demanding its prompt action, were all marked by sound judgment. and a familiarity with the true principles upon which all sanitary movements adapted to the circumstances and the wants of a large commercial community must be based to insure their being carried out successfully.

About the year 1834, a very decided and well-directed movement was made by a number of the leading members of the medical profession of Philadelphia, unconnected with the schools, to elevate the standard of medical education, and to insure the competency of those admitted to practise as physicians. In accordance with a system of instruction and graduation, adopted after great deliberation, the Philadelphia College of Medicine was organized. Its plan was nearly that of the London Medical University; having in contemplation the conferring of the degree of Doctor in Medicine upon such as should present themselves to its board of examiners, and pass a satisfactory examination in the various branches of medicine and its collateral sciences, after attendance upon a prescribed course of studies, embracing the lectures and demonstrations of such teachers as should be approved by the college. These teachers not being restricted to a single one upon each branch included in its curriculum, but admitting of a choice upon the part of the pupil among several on each branch, should several, as would undoubtedly be the case, be pronounced qualified by the college. The college received, in 1835, a charter from the Legislature of the State. In this movement Dr. Bond took from the first a deep interest, and was especially active in furthering the efforts made to render it successful. He was named in the charter as one of the corporators of the college, and was elected its first treasurer.

It is not our intention on this occasion to examine into the causes which eventuated in the relinquishment of the scheme of improved medical teaching and licensing thus matured. What influence the election to professorships in popular medical schools of some of its leading and most strenuous supporters had in preventing the attempt being made to test its feasibility by actual practice, it is very difficult to say.

In 1840 and 1850 Dr. Bond was sent as one of the delegates from the College of Physicians to the decennial sessions held in those years by the convention for revising the United States Pharmacopœia; and in 1846 he was appointed by the Philadelphia Medical Society a delegate to the convention, by the action of which the organization was effected of the American Medical Association. To the latter body he was also on several occasions elected a delegate on the part of the College of Physicians and Philadelphia County Medical Society. It does not appear, from the published transactions of the association, however, that he took at any time an active or very prominent part in its proceedings.

It was not solely with the medical associations of this and other cities that we find the name of Dr. Bond associated; it was not by his professional colleagues alone that a correct appreciation was formed of his character and attainments; his moral and mental worth, his untiring industry, and accurate business habits. We find him enrolled, also, as a member of a large number of literary, scientific, and benevolent associations.

Dr. Bond was in person rather above the medium height, large limbed, with strongly-marked features, and of a grave, thoughtful, but, at the same time, benevolent cast of countenance, lighted up, occasionally, by a quiet smile. He was slow, deliberate, and methodical in all his movements. His conversational powers were very restricted; his want of fluency of speech was evident on all occasions, and on all subjects; this was the more remarkable in one who like him was a careful, and, within the range of his favorite topics, a somewhat extensive reader, and a clear thinker.

During the earlier portion of his life he appears to have enjoyed robust and uninterrupted health. Several years, however, previous to his death, symptoms developed themselves indicative of organic disease of the heart. These increased gradually in intensity, rendering active exercise inconvenient, and obliging him to restrict his professional engagements within very narrow limits, and finally to abandon them entirely.

On the 17th of August, 1858, he was seized with apoplexy and paralysis of the left side, whilst walking, in the early part of the afternoon, in Washington Square. From this attack he rallied, and it was not until nine months after that his death occurred. This took place suddenly on the 4th of May, 1859. He was found dead by his servant at seven o'clock in the morning. He was lying on his face, within a step of his bed, and with a contused wound on his right eyebrow, which had bled a little, and was caused probably by his striking against the lower part of a book-case which was close to, and at right angles with, the bed. It is presumable that, in attempting to rise from bed, life was suddenly extinguished immediately after, if not at the moment of, his fall.

An examination of his body after death showed hypertrophy with valvular disease of the heart, and softening, to a considerable extent, of the brain.

The contributions of Dr. Bond, of a professional character, were chiefly in the form of communications to the societies of which he was a member.

At a meeting of the Kappa Lambda Society, held Feb. 25, 1859, he read a paper containing observations on the treatment of fractured patella, with the suggestion of an approved apparatus adapted to retain the fractured surfaces of the bone in contact until their union is effected. This communication was published in the seventh volume of the *North American Med. and Surg. Journal.*

Among the communications presented by Dr. Bond to the College of Physicians and printed in its *Transactions*, we find one read by him at the session of July 30, 1828, on the subject of foreign bodies in the œsophagus, with the best means for their removal.

In another communication, read at the session of the College held Feb. 6, 1844, Dr. Bond describes a very ingenious forceps for the removal of the placenta when retained in cases of abortion; an instrument confessedly much better adapted for the purpose than any of those previously in use.

At its session of Nov. 20, in the same year, he described to the College a modification of the ordinary midwifery-forceps, which he had devised in order to facilitate the application of the instrument, and to allow of its blades being locked in certain cases of labor, where this cannot be readily done when the forceps, as usually constructed, are made use of. The modification in question consists in an adjustment of the joint by which the two blades, when locked, admit of a rocking motion upon each other, within certain limits, which can be increased or diminished by means of a screw. This contrivance is a very ingenious one, and cannot fail, we think, to increase the usefulness of the instrument.

At a subsequent session—that of Dec. 2, 1851—Dr. Bond presented a very elaborate memoir on the subject of fractures of the lower end of the radius, and on their management. In the memoir a splint is described for dressing the fractures referred to, which is intended to obviate the danger of a deformity which is very liable to occur when the usual plan is pursued of dressing the fracture with flat, straight splints, extending beyond the points of the fingers. That the splint of Dr. Bond is constructed on correct principles, is almost universally conceded, and, with but slight modifications, it has been adopted, we believe, by the entire profession of our country.

We are unacquainted with any productions of Dr. Bond other than those of a strictly professional character, to which we have already referred, with the exception of a work in two octavo volumes, comprising in all some twelve hundred pages, published in Boston in the year 1856, entitled *Watertown Family Memorials*, with notes and illustrations. Of this we can speak only from the report of others. By such of our friends as have examined the work, and upon whose judgment of its merits we can place full reliance, it is said to be a very creditable production, exhibiting great and laborious research, sound judgment, and good taste. It presents a clear, unassuming narrative of local and family histories, which cannot be otherwise than of deep interest to the numerous descendants of those whose memorials it commemorates.

Among the unpublished manuscripts left by Dr. Bond is one exhibiting in tabular form the statistics of thirteen hundred and seven cases of labor superintended by himself. Every important fact connected with these cases is carefully noted: the age of the mother, whether it was her first, second, third, &c., confinement; the presenting part of the fœtus, with its position in the pelvis;

the period of the day when labor commenced, its duration, and the hour when it terminated; its character, and the result in respect to both child and mother. We refer to this table, as well on account of its real value as a reliable contribution to obstetrical statistics, and one which we hope to see shortly placed within the reach of the medical public, as from its presenting an evidence of the doctor's methodical habits, his industry, and his fondness for the numerical method in the notation of facts.

Those most intimate with him freely conceded to him their unlimited esteem; while his mental attainments and moral worth commanded the respect of all who knew him. He was never able, however, to attain to that general popularity which often constitutes a most important element of success in life, partly because of his apparent coldness of disposition, but mainly, we suspect, because of his entire freedom from a desire to court, by flattering demonstrations, the good opinion of those with whom he was brought in contact, or, for his own advantage, to conciliate their prejudices. He was invariably courteous in his demeanor, exhibiting always, and to all classes, that true politeness of manner which is equally removed from the vulgar rudeness affected by such as would aspire to the reputation of an honest bluntness, as from the servility and studied adulation of the mere man of the world.

The mind of Dr. Bond was characterized rather by depth, solidity, and caution, than by originality, brilliancy, or quickness of conception. He was unimaginative, even to a fault, and over-fastidious in his rejection of all other evidence than that which is strictly demonstrative. His opinions were formed slowly, after a close, and, as he would fain believe, unbiassed scrutiny into the nature and true bearing of the facts upon which they were based; but when his opinions were once formed, it was with difficulty he could ever after be persuaded of their fallacy, or of the insufficiency of the foundation upon which they had been laboriously erected. He was, in consequence, tardy in the admission of novel doctrines in medicine, and of all newly-announced discoveries in either of its departments. It was with difficulty, therefore, that he strove to keep even pace with the rapid improvements, additions, and extension by which, in his day, medical science and practice were so eminently distinguished. Though never, perhaps, strictly speaking, actually behind the existing state of knowledge in respect to his profession, he was seldom if ever in advance of it.

As a practitioner of the healing art he was skilful and eminently successful, and as an observer exact, cautious, and industrious. The severity and mathematical precision of his mind, however, constituted serious impediments in all his attempts to communicate, from his own well-replenished stores, knowledge to others—depriving him of the ability to pour forth, almost unconsciously, because of his own overfulness of observation and of thought, a constant stream of instruction, clear and attractive, from which all alike could profit.

CALCULUS IN THE NOSE.

BY W. N. BROWNE, M.D., OF MELROSE.

JOHN CORKET, æt. 66, came on the morning of 20th July to consult me about a swelling of his nose, which was becoming very painful, and completely obstructing his breathing through the nostril. Upon looking at the nose, I found it very much swelled on the right side, and the ala pushed out as by some large body filling up the nostril. On further examination I found the left nostril quite closed up, and covered over by a membrane or skin, and that the right one was all but closed with a similar membrane, except at the centre, where there was a small hole, that admitted, with some little difficulty, the end of a probe, and from which there discharged a little glairy mucous fluid, but not purulent. When a child, he had suffered from a very severe attack of confluent small-pox, and, after his recovery, his nostrils were found to be quite grown together. A great number of years ago an attempt was made by a surgeon in Kelso to open them; but the operation had not been very successful, as the left nostril had closed up entirely. The right one was closed up, all but the small orifice mentioned. On passing a probe through this opening into the nostril, it came upon a substance which felt hard, rough, and slightly movable, and which entirely blocked up the nostril, and prevented the probe going further back. I asked him how long it was since he had observed this body in his nose; and he said he thought it began to form eight or nine years ago. That was the time when he first noticed it, and then he thought it about the size of a pea, and that on putting in a large pin he could easily move it up and down; but that for some time (how long he could not say) he could not do this. I incised freely the membrane that closed up the right nostril, and then with a small pair of polypus forceps laid hold of the foreign body, and after a little difficulty extracted the calculus. It measured fully an inch and three-eighths in its greatest length, by an inch in breadth, and nearly half an inch in thickness at one point, and weighed two drachms thirty-three grains.

NOTE BY DR. SAUNDERS.—With a view to ascertain the structure and composition of this curious calculus, a transverse section was made through the posterior thicker part of it. The general surface of the section was smooth and dense, of a greyish-white color, and presented a number of irregular concentric lines, indicating the deposit of the calcareous matter in successive layers. Near the central part of the section was observed a small round body, of a dark color, and rather soft consistence, about the size of a small pea. This seemed to form the nucleus of the concretion; but it did not bear resemblance to any distinct foreign body that could have been introduced from without into the nostril; its presence is difficult to explain—a difficulty, that the chemical analysis, which shows it to consist of fatty matter and iron, does not clear up. This dark nucleus is exceedingly small when compared with the mass of the calculus. For the chemical analysis I am indebted to Prof. G. Wilson, who says—"The nasal calculus was examined by my assistant, Mr. Irvine, who reports that the quantity at disposal for analysis, consisting only of the sawings collected during the section of the calculus, was too small for more than a general examination. The calculus contained a small dark nucleus, which readily took fire when approached to a light, and blazed with a flame and an odor resembling those of tallow, but the residue did not char, and the ash left was brown. This ash, when analyzed, yielded only oxyde of iron, so that the nucleus of the calculus consisted apparently of some fatty body associated with iron, which may have been in a metallic state and accidentally introduced, or present in some form of combination. The body of the calculus was not sensibly combustible, and when heated did not char. It dissolved with effervescence in hydrochloric acid, and was found to consist of phosphate and carbonate of lime, with which, probably, magnesia was associated."—*Edinburgh Medical Journal.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

Two Cases of Cancer of the Womb.—Question as to the fact of there being a hue peculiar to Cancer in general. Dr. Jackson reported the cases which had recently been, for a short time, under his care at the Hospital. The first was a married woman, æt. 40. Her paternal grandfather had died of cancer of the throat; and her father has now cancer of the face. Catamenia regular until two months ago; and since then, every three weeks. General health never robust. Dated her sickness back nine months, since which time there had been leucorrhœa, with pain in the lower part of back, but not extending to the neighboring parts, and none in the womb, so far as she was aware; also headache, with considerable loss of flesh and strength. For four or five months before admission, she had had a discharge daily from the vagina, of from ℥ss. to ℥i. of blood, and without pain. She was up and about, and had given up her work not long before; her general appearance being sufficiently well. On examination, the posterior lip of the os uteri seemed to consist of a collection of hard, rounded, scirrhous masses; the anterior lip being very much less affected.

The second patient was a widow, æt. 44 years, and always healthy. Catamenia regular till six years ago, when they ceased. Last June uterine hæmorrhage commenced, and continued until three weeks before admission; never in any great amount. For the last three weeks leucorrhœa; the discharge being more or less offensive and never abundant. Since June, had had œdema of the upper as well as lower extremities, with much pain in the region of the kidneys, which last organs had been regarded as the seat of the disease. Urine passed frequently, but generally without pain, though this last came on before admission, and increased much after vaginal examination. Had also had pain in back of pelvis, passing down thighs, but not especially in hips or the region of the womb. Had kept her bed some time, with loss of flesh and strength, but emaciation not marked. On examination, the vagina felt as if infiltrated by dense carcinomatous disease; being much thickened and so contracted that the tip of the finger only would enter the diseased portion; the disease commenced not far above the vulva, and the uterus was inferred to be similarly affected, but an attempt to prove this by examination was not thought justifiable.

Dr. Jackson remarked upon the very comfortable condition of these two patients, considering the amount of disease they must have had, and he especially remarked upon the complexion which, though anæmic in one, was not remarkable in either of them, considering their age. Dr. J. said further that, for many years, he had been inclined to doubt the fact of there being a "peculiar hue" in cancerous disease, as is generally supposed. The idea, he said, was so well established, that it seemed to be taken for granted; and it would be well, he thought, to have the point examined statistically, and ascertain how often the hue existed in cancer, and how often in other cases. He believed that much depended on the original complexion of the individual; a dark complexioned person looked very differently, when anæmic and reduced by disease, from one whose complexion is florid. Dr. J. said that the above question was one of practical importance; inasmuch, as this hue, to say the least, is very frequently entirely wanting in the most marked cases of cancer; and, in the diagnosis of a questionable case, he believed much importance would be attached to it.

Dr. Minot said he had two cases of cancer of the womb under his care, in neither of which was there any peculiarity of complexion, beyond the simple pallor characteristic of severe and painful disease. One of them was in a young woman, only twenty years old, a hospital patient, about the nature of whose disease there could not possibly be any doubt. The cervix was elongated, and enlarged, almost completely filling the vagina, and covered with warty vegetations which had also spread to the walls of the vagina. The other patient was seventy-five years of age. In the next bed to the first patient, was a woman with a huge fibrous tumor of the uterus, who had had long-continued hæmorrhage, by which she was greatly exhausted. This patient had that peculiar lemon-colored complexion, supposed to accompany malignant disease. In another patient, who had long suffered from hæmorrhage from polypus of the uterus, the complexion was quite sallow.

Dr. Putnam thought that the mere absence of the natural color gave rise to a certain yellowness in the advanced stage of cancer. In a patient of his with cancer, whose complexion was naturally florid, there was well-marked sallowness towards the close of life. In another case of advanced cancer, sallowness first appeared after hæmorrhage, but vanished after the patient had rallied from the attack; it is now beginning to rëappear, in consequence, seemingly, of the profuse cancerous discharge which takes place.

Dr. Coale had had a patient who died after the removal of a cancerous breast, the whole system being affected with the disease. She had a very clear complexion. The same was the case with two other patients affected with cancer.

Dr. **Palmer** said that in three cases of cancer, one of the breast in a woman of 38, another of the uterus in a patient of 40, and a third of cancerous deposit on the peritoneum, there was no "cancerous complexion."

Dr. **Dalton** had seen many cases of cancer of the womb in the course of his practice, and should think that the peculiar complexion existed in as many as one half, so as to be quite marked. He has now a patient who has been sick with cancer of the womb for two years, who preserves her complexion, except that she has the pallor incident to chronic disease.

Oct. 8th.—*Large Dose of Morphia taken as a Stimulant,* Dr. W. E. **Townsend** said he was in an apothecary's shop, a few days ago, when a young woman, about 25 years old, entered and asked for six cents' worth of morphia. She was supplied with *four grains* of the article, which she mixed with a little carbonate of soda in a glass of water, and swallowed. Dr. T. remonstrated with her as she was putting the glass to her lips, but she said she often took it, and it did her no harm. The apothecary afterwards said she had been in the habit of doing the same thing for several years, and that such instances were not uncommon.

Dr. **Gould** strongly condemned the conduct of the apothecary, and said that no one was excusable for selling morphia in such quantities without a prescription.

Dr. **Durkee** suggested that the drug might not be pure.

Dr. **Townsend** said he had examined the article, and found it to be perfectly pure.

Dr. **Durkee** had known a young man 25 years old, with tertiary syphilis, to take a drachm of morphia in fifty-five hours.

Dr. **Adams** had under his care an old woman with cancer of the uterus, who took the same quantity in twenty-four hours.

Dr. **Fifield** said, when he was a dresser in a London hospital, a man was brought in with a dislocated shoulder, who begged for a drink before the limb was reduced. A glass of water being brought, he took a bottle of laudanum from his pocket, and poured out half an ounce of it, which he mixed with the water, and drank. The man said that a mixture of laudanum and porter was a common drink among the dock laborers of London.

Dr. **Jackson** said the practice of opium-eating was exceedingly common in our country towns, and this opinion was confirmed by other members.

Oct. 8th.—*Obstruction of the Bowels, caused by Disease of the Rectum.* Dr. **Gould** reported the case, the particulars of which were communicated to him by Dr. L. R. Sheldon. The patient was a lad, 12 years of age, who was first seen by Dr. S., August 20th. He was then suffering from frequent and severe paroxysms of pain in the belly, obliging him frequently to leap out of bed and stretch himself upon the floor. His favorite position was such as would secure pressure upon the abdomen, and so continual were his changes into almost every position, that it was difficult to engage his attention long enough to obtain any information from him relative to his case. He had a constant and intense desire to have a movement of the bowels, and would bound from his bed every few moments to get upon the vessel, being persuaded that he should instantly have an evacuation; and though he was deceived hundreds of times, still he was positive that he should succeed at the next attempt. Nothing but actual force could restrain him from these frequent attempts to get a passage.

He referred his principal pain to the umbilicus; there was also some pain at the lower part of the bowels. He was very much emaciated; the tongue was slightly coated; pulse but little accelerated; skin yellow, very dry and harsh; there was some thirst, and occasional nausea and vomiting. The abdomen was full, and uniformly hard; there was no local tenderness.

On inquiry, Dr. S. learned that the boy had been taken from school in the Spring, on account of loss of flesh, and what were supposed to be dysenteric symptoms, and was sent into the country for the benefit of the air. There had been a slight appearance of blood with the small quantity of hard fæcal matter which he voided. He had been under treatment for dysentery by a homœopathic practitioner for six weeks, during all which time (and for some weeks previously) he had not had one free action of the bowels. During this long period of *filling up* (as one might say), his appetite was variable, and he would occasionally vomit his food. He would often hang over something, or pile up pillows and lay across them, and when out of doors would frequently stretch himself on the earth, for relief.

From the history of the case, the absence of febrile symptoms, the loaded state of the bowels, and the severe pain, Dr. S. felt that if the patient were relieved it must be done by removing the accumulation of impacted fæcal matter by mild means; he accordingly prescribed the fourth of a grain each, of sulphate of morphia and ipecacuanha, every four hours, followed by castor oil and oil of turpentine. This produced the expulsion of some hard, black, tarry lumps. An enema of warm water was then ordered, but it was found impossible to administer it, on account of some obstruction. A digital examination was then made, which revealed a constricted state of the rectum, there being only a small opening. An attempt to pass a flexible tube into the rectum having failed, he was ordered warm baths and opiates. On the 25th he passed some hard lumps, containing cherry stones and berry seeds, which had evidently been swallowed several weeks before. He was ordered calomel and morphia, followed by castor oil and turpentine, which was repeated on the next day, when the hopes of the patient and of his attendants were raised by the passage of an enormous quantity of tarry lumps and berry seeds, firmly adherent together; to use his own expression, he passed a "cart-load" of them. The abdomen was now much reduced in size by this discharge of matter and flatus, and Dr. S. could distinctly trace, upon the right side, a hard mass, extending about four inches above the cœcum. There was at this time but very little tenderness. The pain, however, continued without mitigation, the countenance became anxious, the abdomen was distended with flatus, and the pulse was at 100, and weak.

Dr. Gould saw the patient in consultation on the 30th, and after etherizing him, succeeded in passing the tube through the stricture, and letting off a considerable amount of offensive fæcal matter and flatus. The pain was not relieved by the operation, and it was repeated in the course of the night, with the same effect as before. The pain was then somewhat diminished; but he now sank rapidly, and died at 7½ o'clock on the morning of the 31st.

At the autopsy, the intestines in the neighborhood of the cœcum were found of a dark color, and were smeared with a small amount of fæcal matter, which issued from a laceration which might have been made during the examination. The intestines were generally distended with flatus. About two inches above the sphincter ani, the rectum was constricted for two inches, the intestine being surrounded with a morbid tissue, half an inch in thickness, and resembling the pancreas in appearance when cut.

The diseased part was examined by Dr. ELLIS, who remarked that the mucous membrane was, in parts, ulcerated, and the muscular coat much thickened. Several round nodules were found in the tissues beneath the muscular coat. One, about half an inch in diameter, was of a whitish color, and resembled boiled sago. This, examined with the microscope, presented appearances like those figured by Rokitansky in connection with colloid, in the last German edition, Vol. I., pp. 281 and 282.

Dr. JACKSON remarked that cancerous disease of the intestines was almost unheard of in so young a subject, though not uncommon in other organs at that age.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, OCTOBER 25, 1860.

DR. ACLAND, the Regius Professor of Physic at Oxford, a Fellow of the Royal Society, and a member of the General Council of Medical Education and Registration of Great Britain, coming to America as the Physician of His Royal Highness the Prince of Wales, paid a visit to the Massachusetts General Hospital on Thursday last, at the invitation of the venerable senior member of our profession, whom we all delight to honor, and was introduced by him to the past and present medical officers of the Hospital, to the President of the Massachusetts Medical Society, and to some of its distinguished Fellows, who accompanied him on a general inspection of the institution. Dr. Acland showed much interest in all the details of provision for the care and comfort of the patients, and for the proper registration and study of disease, and his commendation may be valued as that of one who knows well what a hospital should be that patients may be kindly and properly treated, and that the histories of their symptoms, and the condition of parts and organs as observed during life and after death should be so recorded as to be available for purposes of science. The amphitheatre in which ether was administered for the first time, and the surgeon who performed the first operation on a patient rendered insensible by its means, were regarded with great interest.

The members of the medical profession of Boston, present on this occasion, were no less favorably impressed than were all others who were brought into personal communication with the gentlemen comprising the suite of our late distinguished visitor. In common with other journalists, we may express our satisfaction with the visit just paid to our city, as a source of so much immediate gratification, and as a means of bringing us into friendly and pleasant relations with those now inhabiting that land which, next to our own, holds most of all which we love and admire.

THE MEDICAL SCHOOLS OF LONDON.—On the first of October the medical schools, in connection with the leading metropolitan hospitals, were opened by inaugural addresses by the most distinguished professors—that at St. Bartholomew's being by Mr. Savory; at Guy's by Dr. Weeks; at St. Thomas's by Mr. Grainger; at the London Hospital by Dr. Barnes; at King's College by Dr. Johnson; at St. George's by Dr. Pitman; at Westminster by Mr. Powar; and at Middlesex by Dr. Coote.

These addresses, some of which are of considerable length, are all marked by a liberal and manly tone, and contain much sound and practical advice.

We are glad to learn that the good work of training hospital nurses has already been commenced in earnest at St. Thomas's. To this Mr. Grainger thus alludes in the course of his remarks:—

> "He had great satisfaction in stating that owing to the wise munificence of one whose name would find an echo in every English heart, and who belonged to that noble self-sacrificing band, already illustrious by a Marguerite d'Angouleme, a Lady Rachel Russel, a Louisa of Prussia—Florence Nightingale—one of the greatest wants in the management of sufferers from accident and disease, skilful and tender nursing, promised to be supplied. There was at this time training in the wards of St. Thomas's Hospital 15 nurses, supported entirely by the Nightingale foundation, who had been selected with great care, and who, after proving themselves qualified by examination, would be sent to public institutions to minister to the sick. Already individuals of a superior rank had, prompted by Christian charity, offered their services, and there was reason to hope that an entire revolution in the system of hospital nurses, indeed of the whole class, would, at no distant period, be the result of this philanthropic measure."

Dr. Johnson, of King's College, after a few introductory remarks, thus refers to the late Dr. Todd:—

> "And now, before I proceed further, let me revert for a moment to the mournful event which lately cast so deep a gloom over this college in particular, but which also excited a very general lament throughout the kingdom—I mean the death of Dr. Todd. You are all aware of the circumstances of his decease, in the midst of a career of almost unexampled prosperity and usefulness. I need not dwell upon the painful details, but I feel that I should be 'guilty of a serious omission, both of duty and affection, were I not upon this occasion to allude to some of the many and great benefits which our lamented friend was the means of conferring upon the medical school of King's College. In the first place, then, he was the founder of our hospital. Dr. Todd, having been appointed Professor of Physiology in the year 1836, soon saw the vital importance of establishing a clinical hospital in connection with the college. To his clear sense of the need, and to his success in obtaining the sympathy and the aid of very zealous and able fellow-workers with him, we owe it that in the spring of the year 1840 clinical instruction commenced in that old building, now soon to be entirely replaced by the more commodious and imposing structure, which is rapidly approaching completion." Dr. Johnson went on to say that Dr. Todd was, with the late Bishop of London, the originator of St. John's House Training Institution for Nurses. This institution supplied the hospital with a very efficient staff of nurses and lady sisters, and the hospital in its turn afforded to St. John's House the means of training its nurses, many of whom were annually sent out to private patients in all parts of the country. Another foundation which had exerted an important influence upon the college and upon medical education in general, was that of medi-

cal scholarships. These were first established in King's College, and their establishment originated with Dr. Todd. The Warneford scholarships, which were intended to encourage an extended preliminary education amongst students preparing for the medical profession, were always considered by Dr. Todd to be in the highest degree beneficial. Another important element in the arrangements for medical education in that college, which originated with Dr. Todd, was the establishment of the office of medical tutor. The lecturer continued:—"I have referred to some of the results of Dr. Todd's energy and influence while he was working amongst us here. But it was as a teacher of physiology and clinical medicine that he conferred the greatest benefit upon his pupils and upon the college. Few teachers have ever possessed in an equal degree the power of exciting the interest and of winning the confidence and the affection of their pupils; few men have ever exerted themselves so much to promote the welfare of those whom they have taught; few teachers have had the proud satisfaction of seeing so large a number of their pupils pursuing a career of usefulness and distinction. This is not the time or place for the discussion of any disputed points in Dr. Todd's therapeutical doctrines. Suffice it to say that those who by the bedside had enjoyed the fullest opportunity for noting the accuracy of his observation, the soundness of his judgment, and the remarkable success of his treatment, were the most ready to declare that his great fame as a physician rested upon a solid basis of true desert."

We are sorry that our space does not allow the fuller mention of these excellent addresses, all of which would well repay the reader.

ANNUAL MEETING OF THE VERMONT MEDICAL SOCIETY.—The Vermont Medical Society met at Montpelier, the President, Dr. E. A. Knight, of Springfield, in the chair. Dr. McCollom, of Woodstock, was appointed Secretary *pro tem.* The Chair appointed, as Committee to present subjects for discussion, Drs. J. Perkins, K. Ross and Smith.

Afternoon.—The Committee reported as subjects for discussion:—1st, Puerperal Convulsions; 2d, Diphtheria; 3d, Relation of Diseases of the Sexual Organs in Females to Insanity; 4th, The External Use of Anæsthetic Agents in Spasmodic and other Painful Affections.

The subject of puerperal convulsions was then taken up, and very fully discussed by Drs. Perkins, Smith, McNab, Allen, Sanborn, Bullard, Knight, Ross and others.

Upon motion of Dr. McCollom, the subject of Diphtheria was next taken up, and discussed by Drs. Ross, Green, Bullard, Smith, Field, Perkins and others.

On motion of Dr. Russ, adjourned till 9 o'clock, Wednesday morning.

Wednesday, Oct. 17th.—The Society met pursuant to adjournment. The Committee on Nominations then reported as follows:—*President,* Dr. B. F. Morgan, of Bennington Centre. *Vice President,* Dr. D. W. Putnam, Greensboro'. *Recording Secretary,* Dr. William McCollom, of Woodstock. *Corresponding Secretary,* Dr. C. B. Chandler, of Montpelier. *Librarian and Treasurer,* Dr. Charles Clark, of Montpelier.

Dr. Clark presented a subscription, for the erection of a monument to John Hunter, in Westminster Abbey, and a committee of one from each County was appointed to act in conjunction with Dr. Clark in procuring subscriptions for said purpose.

Dr. Miles then presented Dr. Goodyear, of Hinesburgh, who exhibited to the Society a very interesting case of diseased hand in his own person; after which Prof. Sanborn interested the Society by a very valuable exposition of his new method of treating non-union of fractured bone (by the silver wire), exhibiting a patient whom he had successfully treated. Dr. Clark exhibited an enlarged spleen, taken from the body of a lad of 15 years, and weighing 7½ pounds.

Dr. Chandler, of St. Albans, read a very able essay upon Medical Ethics, and the relative relations of the Public and the Physician.

Dr. Morgan presented the following resolution, which was adopted:

Resolved, That the thanks of the Society be tendered to Dr. Chandler for his very interesting paper, and that he be requested to furnish a copy to be deposited in the Archives of the Society.

Professor Sanborn presented the following resolution, which was adopted:—

Resolved, That the delegates to the Medical Colleges be instructed by the State Society to be present at the examination of the candidates for the Medical Degree, and examine specifically as to the fulfilment in each case of the requirements of the American Medical Association, and report annually to the Society.

Afternoon.—The Committee on Credentials reported the names of the following gentlemen, who were elected to become members of the Society:—Dr. C. M. Brigham, Pittsfield; Dr. S. Belknap, Barnard; Dr. J. Morgan, Swanton; Dr. B. W. Carpenter, Burlington.

The next Semi-Annual Meeting was appointed at Rutland, and the Secretary was instructed to notify members of the time.

After hearing the Treasurer's Report, which showed a very flourishing state of the Society, adjourned till 7, P.M., in the evening, when the Annual Address was delivered by Dr. E. A. Knight, in the Representatives' Hall.

The address of Dr. Knight is universally spoken of as an effort of exceeding merit, and as having been delivered with much grace of elocution.

LECTURES ON BOTANY.—By reference to the proceedings at the semi-annual meeting of the Governors of the College of Physicians and Surgeons, it will be seen that a debate took place on the admission to examination of a number of candidates, who were deficient, in their schedules of qualification, of tickets of attendance on Botany. We believe now that there exists no excuse for non-attendance on this course (one that is demanded in almost every British and European continental school), as lectures on it are delivered at the University of Laval and McGill College, and will be at the Montreal School of Medicine, for the first time this winter. We desire to place students on their guard in respect to the course, for no one will be admitted to examination for the future who does not present it.—*British American* (*Montreal*) *Journal.*

CHROMIC ACID IN SYPHILITIC VEGETATIONS.—Dr. Hairon, after describing the advantages derivable from the chromic acid in certain forms of granular eyelid, observes that the trials he has made of the acid, as recommended by Marshall and Heller, in syphilitic vegetations, have been followed by the most complete and rapid success. The application is never attended with pain or reaction, notwithstanding the rapid destruction of tissue that takes place.—*Jour. Mat. Med.* from *Annales et Oculiste.*

JOHN HUNTER.—The Council of the Royal College of Surgeons have caused a beautiful memorial tablet to be placed over the site of the grave of Hunter, now resting in Westminster Abbey, with the following inscription:—

"Beneath are deposited the remains of John Hunter. Born at Long Calderwood, Lanarkshire, N. B., on the 13th of February, 1728. Died in London on the 16th of October, 1793. His remains were removed from the Church of St. Martin's-in-the-fields to this Abbey on the 28th of March, 1859. The Royal College of Surgeons of England have placed this tablet over the grave of Hunter to record their admiration of his genius as a gifted interpreter of the divine power and wisdom at work in the laws of organic life, and their grateful veneration for his services to mankind as the founder of scientic surgery."

This inscription is deeply cut in brass, of a Gothic design, inlaid in a slab of polished red granite, and presents that chaste and elegant appearance for which the Messrs. Hardman, of Birmingham, who executed the work, are so distinguished. Mr. Weekes, the eminent sculptor, is progressing favorably with the model of the statue, which is to be placed in the Hunterian Museum.—*London Lancet.*

SWALLOWING TEETH.—In the *Dental Cosmos* for March, Dr. Foster reports a remarkable accident of swallowing teeth. He says:—"A gentleman of this city (Wilmington), 35 years of age, sanguine temperament, swallowed his artificial teeth at midnight on Wednesday. Physicians were called in, who fished for them, also tried the usual remedies, but all to no purpose. It was then concluded to let Nature take her course (not doubting in the least that *her* course would be *death* to him), when, to the astonishment of all, and his most unbounded delight, after a very painful and laborious stool, he found himself in possession of them again. This did not take place until the following Monday, making the *round trip* in five days." The plate was quite heavy, to which three teeth were attached.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, OCTOBER 20th, 1860.

DEATHS.

	Males.	*Females*	*Total*
Deaths during the week, ...	38	46	84
Average Mortality of the corresponding weeks of the ten years, 1850–1860,	33.4	32.7	66.1
Average corrected to increased population, ...	..	..	73.8
Deaths of persons above 90, ...	..	..	..

Mortality from Prevailing Diseases.

Phthisis.	Chol. Infan.	Scar. Fev.	Pneumonia.	Measles.	Smallpox.	Dysentery.	Typhoid Fever.
16	1	7	2	0	0	1	4

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer, . . .	30.203	Highest point of Thermometer, . . .	58°
Highest point of Barometer, . .	30.432	Lowest point of Thermometer, . . .	33°
Lowest point of Barometer, . . .	29.894	General direction of Wind, .	N. E. & Westerly.
Mean Temperature, ...	44°.5	Whole am't of Rain in the week	

Deaths in Boston for the week ending Saturday noon, October 20th, 84. Males, 38—Females, 46.—Accident, 1—apoplexy, 3—inflammation of the bowels, 4—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 2—bronchitis, 2—burns, 1—cholera infantum, 1—consumption, 16—convulsions, 3—croup, 4—cyanosis, 1—debility, 3—diarrhœa, 2—diphtheria, 1—dropsy, 2—dropsy of the brain, 2—dysentery, 1—scarlet fever, 7—typhoid fever, 4—gastritis, 1—imperforate anus, 1—inflammation (of the hand), 1—disease of the heart, 2—disease of the hip, 1—insanity, 1—disease of the liver, 2—congestion of the lungs, 1—inflammation of the lungs, 2—marasmus, 2—paralysis, 2—peritonitis, 1—teething, 1—unknown, 3.

Under 5 years, 33—between 5 and 20 years, 6—between 20 and 40 years, 21—between 40 and 60 years, 12—above 60 years, 12. Born in the United States, 55—Ireland, 24—other places, 5.